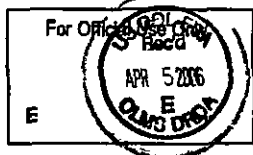


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>6796</u>	2 Fiscal Year Covered From <u>1/1/2005</u> Through <u>12/31/2005</u>
3 Name and address of person filing Name <u>LOUIS A MARCIELLO</u> P O Box Bldg Room No if any _____ Street <u>2621 DOW CIRCLE</u> City <u>Deer Park</u> State <u>TEXAS</u> ZIP Code + 4 <u>77536</u>	4 Name file number and address of labor organization Name <u>DISTRICT 161-PCD, MEBA (AFL-CIO)</u> Labor Organization File Number <u>06 6581</u> P O Box Building and Room Number if any _____ Street <u>444 N. CAPITOL ST, NW #800</u> City <u>Washington</u> State <u>DC.</u> ZIP Code + 4 <u>20001</u>
5 Position in labor organization <u>HOUSTON BRANCH AGENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income <u>NONE</u> 7 b Amount <u>NONE</u>

Signature

Louis A. Marciello

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Louis A. Marciello

On

3/28/06
Date

281-478-0844
Telephone Number

Name of Person Filing <u>LOUIS A MARCIELLO</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>MEBA BENEFIT TRUSTS</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>1007 EASTERN AVE.</u> City <u>BALTIMORE</u> State <u>MD</u> ZIP Code + 4 <u>21207</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>MEBA BENEFIT TRUSTS</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>1007 EASTERN AVE</u> City <u>BALTIMORE</u> State <u>MD</u> ZIP Code + 4 <u>21207</u>	11 a Nature of such dealing <u>MEBA BENEFIT TRUSTS are JOINTLY-TRUSTEED, MULTI-employer benefit plans that provide benefits to participants represented by the MEBA.</u> 11.b Approximate dollar value of such dealing <u>\$2,613.06</u> 12 a Nature of interest held or income received <u>Travel-related expenses for MEBA Benefit Plans trustee meetings, for which I am an alternate trustee and required to attend, as well as for attending educational training for benefit plans.</u> 12 b Amount <u>See attached same as 11b</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>NONE</u> City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

MEBA Medical and Benefits Plan
2005 LM-10, LM 30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
Lou Marciello	Medical	571850	1/11/2005	\$ 975 00	IFEBP Fees
Lou Marciello	Medical	571850	4/6/2005	\$ 35 00	IFEBP February 2005
Lou Marciello	Medical	571725	4/8/2005	\$ 16.53	Reimbursement of Travel Expenses Relating to Trustee Meeting 02/05
Lou Marciello	Medical	571700		\$ 141.00	02/05 BOT Meeting Dinner
Lou Marciello	Medical	571700	5/4/2005	\$ 366 48	Various Meals 02/05 Trustee Meeting
Lou Marciello	Medical	571700		\$ 48 88	04/05 BOT Meeting Dinner
Lou Marciello	Medical	571700	9/12/2005	\$ 385.34	Various Meals 04/05 Trustee Meeting
Lou Marciello	Medical	571700	6/22/2005	\$ 10 40	ARS - Lunch June Meeting
Lou Marciello	Medical	571700	6/23/2005	\$ 52 00	MJB - Dinner June Meeting
Lou Marciello	Medical	571700	7/15/2005	\$ 54 21	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/05
Lou Marciello	Medical	571700		\$ 161 13	06/05 BOT Meeting Dinner
Lou Marciello	Medical	571700	7/7/2005	\$ 329 71	Various Meals 06/05 Trustee Meeting
Lou Marciello	Medical	571725	11/8/2005	\$ 37 38	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/05
				\$ 2,613 06	